

to move the cornea towards the inner canthus from the centre of the orbit. If this exist, there is little fear of any return of the distortion of the eye; and to effect this purpose, it will sometimes be absolutely necessary to divide the inner border of the inferior rectus. In four instances the operation has not been perfectly successful; these were all early cases, where, after the division of the internal muscle, the patient still possessed the power of moving the eye somewhat inwards, and before experience had shown the necessity of the division of the depressor. Three of these cases have submitted to a second operation; in all, the inferior rectus has been divided, and the cure is perfect. The fourth, a boy of thirteen years old, is fearful to submit to a second attempt; the eye is drawn downwards as well as inwards, caused, most probably, by contraction of the inferior rectus.

To insure the effect of the operation, the scissors and forceps certainly appear the most effectual instruments; and either for the clear dissection of the inner side of the eyeball, or for division of part of the inferior muscle, they are much to be preferred. By using these, the operator will avoid the danger of doing too little or too much; he will, on the one hand, make certain of cutting all the tendinous fibres which bind the eye in its unnatural position, and he will run no chance of wounding the sclerotic coat, and evacuating the humours of the eye, and thus effectually destroying vision. Ineffectual attempts to divide the internal rectus are common-enough occurrences; and cases have presented themselves where it has been necessary to resort to a second operation. The accident of destroying the organ has also happened, and is not unlikely to occur in the hands of those who go rashly and unskillfully to work.

Although such severe injury is done to the coverings of the eye, it is a rare circumstance to see any inflammation follow the operation. Only five cases have presented any such occurrence; and in all it was so slight, that the application of a few leeches to the inner angle of the eye soon relieved all the unfavourable symptoms.

A slight ecchymosis occurs under the conjunctiva, and may continue for some weeks, even after that membrane is entirely healed. In two or three cases a small abscess under the conjunctiva has formed, always of very little importance; it has discharged itself in a few days, and produced no inconvenience. A little caruncle, or large-sized granulation, sometimes springs from the conjunctiva, near the inner canthus; this may be snipped off if of large size, or its growth subdued by the application of sulphate of copper.

The restoration of the perfection of vision is one of the greatest recommendations of this beautiful little operation, and this effect has been most striking in several instances. In one very complete contraction of the internal rectus, the eye seemed to have been perfectly disused, and incapable of estimating the distance of objects. This patient, when he shut the perfect eye, presented many of the phenomena of a person restored to sight by the operation for congenital cataract; and it was most interesting to remark the daily improvement in his sight. As the two eyes begin to correspond, both in acuteness of vision as well as uniform motion, some diplopia is occasionally complained of.

The first operations which were performed by Mr. Liston, took place in the early part of May. I have had an opportunity of examining lately some of these cases, and I find that the eyes remain perfectly straight; there appears no reason, therefore, to expect that the other cases will not succeed; and this enables me to say, that out of seventy-four cases one only has been unsuccessful, and this in the person of the young boy above alluded to.—*Lancet*, July 18, 1840.

---

#### MIDWIFERY.

59. *On the oblique contraction of the Pelvis.*—Dr. NACELE has lately called attention to a particular form of contraction of the pelvis which he says has never before been pointed out, and which, nevertheless, is of frequent occurrence; it

is the oblique contraction, consisting of "a complete ankylosis of one of the sacro-iliac symphyses, with imperfect development of one half of the sacrum, contraction of the anterior sacral foramina of that side, and diminished width of the os coccygis and ischiatic notch." In consequence of this disposition, the pelvis is narrowed obliquely, that is to say, in the direction of the diameter crossing that which extends from the points of ankylosis to the acetabulum of the opposite side, while the latter diameter on the contrary is not lessened, and, when the deformity is considerable, even offers more space than in the normal state.

Dr. Nagelé first met with this faulty conformation in 1803. Two women, the subjects of these observations, had only been delivered after much trouble: in one the forceps had been applied with very great difficulty, in the other perforation of the cranium had to be resorted to; both sunk under the effects of their confinements. The author saw then only the anatomical preparations; but, in 1828, he fell in with a woman who presented a remarkable example of it. She was a young girl, large and apparently well formed. The callipers gave seven full inches antero-posteriorly; the sacro-vertebral angle could not be reached with one or even two fingers. Her labour lasted three days before the head had descended sufficiently to warrant the application of the forceps. The termination of the accouchement, by means of this instrument, presented unexpected difficulties, and required so much exertion that they afterwards regretted not having practised perforation of the cranium. Five days after, the woman died of puerperal fever. At the autopsy was found the deformity described by Dr. Nagelé as oblique contraction.

His attention being roused by these facts, M. Nagelé caused researches to be made in the anatomical museums, and learned with surprise that this defect of conformation, which had until then passed unperceived, was quite frequent, for in the course of years a pretty large number of similar pelvis have been encountered.—*Journ. de Méd. et de Chir. Prat.* May, 1840.

**60. On Convulsions during Pregnancy and Delivery.**—The following general conclusions close a very able memoir on the above subject from the pen of one of the most experienced accoucheurs in Paris, M. CAPURON.

1. Convulsions occur much more frequently during a delivery at the full period than during a miscarriage—doubtless, from the greater severity of the pains and the consequent greater disturbance of the circulatory and nervous systems. Indeed it is truly astonishing that such protracted suffering as almost always accompanies a first labour does not in every instance induce some convulsive attack.

2. The majority of the women, who are seized with convulsions during pregnancy or labour, are of a sanguineous and plethoric constitution, and usually of an irritable and highly nervous temperament.

3. The attack is often preceded by some precursive symptoms, such as headache, confusion, noises in the ear, twitches of the tendons of the fingers or toes, or of the muscles of the face, and a tendency to bewilderment and forgetfulness. The patient is usually much depressed in her spirits, and very apprehensive of the result of her labour.

Perhaps, however, generally the convulsions come on unexpectedly and without any premonitions.

4. The convulsions, after lasting for a longer or shorter period of time, usually terminate in deep somnolence, during which the respiration is heavy and more or less stertorous, and the pulse is full and large, such as is commonly felt in sanguineous apoplexy: occasionally a partial tetanic contraction of the jaws continues for a considerable time after the abatement of the general spasms.

5. From what I have observed, I am inclined to be of opinion that an attack of convulsions during a premature labour is on the whole more dangerous than a similar attack if the labour should be at the full period of gestation.

We might expect that this should be the case, when we consider that the